

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019041
STATE FILE NUMBER

FILED MAY 20 1958 Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Charleston <i>06720</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 302 W. Cleveland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John B Forbey			4. DATE OF DEATH Month April Day 25 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 17, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (City and state or country) Charleston, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Moses Forbey		13b. MOTHER'S MAIDEN NAME Martha McCissic	14. NAME OF HUSBAND OR WIFE Daisy Emory Forbey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-16-6064	17. INFORMANT Willis Forbey Address Charleston, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized arteriosclerosis DUE TO (c) cardiac decompensation			INTERVAL BETWEEN ONSET AND DEATH none 5 years. 3 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb 27, 1958 to Apr 26, 1958 and last saw her alive on Apr 15, 1958 Death occurred at 4/25/58 8:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. L. Davis M.D.</i> (Degree or title)		22b. ADDRESS Charleston Mo	22c. DATE SIGNED 5-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/27/58	23c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	23d. LOCATION (City, town, or county) (State) Charleston, Missouri
24. FUNERAL DIRECTOR Mo Mickle Charleston, Missouri		25. DATE RECD. BY LOCAL REG. 5-15-58	26. REGISTRAR'S SIGNATURE <i>Dorothy B. Hathorn</i>

300

1-57

06720

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

280

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed 5-19-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elgin McMichael

Licensed Embalmer No. 4695
P. O. Address Chickson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.